MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026369 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6956

FILED JUL 1 2 1963

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	
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DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY
   b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST. LOUIS — Length of stay in 1b:
   c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ALEXIAN BROS. HOSP. — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: MO. b. COUNTY:
   c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☐ No ☐
   d. STREET ADDRESS (If outside, give location): 3326a WISCONSIN — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle N Last SCHWARZ

4. DATE OF DEATH: Month JULY Day 1 Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: FEB. 16, 1883

9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: LABORER

11. BIRTHPLACE (City and state or country): HUNGARY

12. CITIZEN OF WHAT COUNTRY: U-S-A

13a. FATHER'S NAME: John SCHWARZ

13b. MOTHER'S MAIDEN NAME: LENA HAHN

14. NAME OF HUSBAND OR WIFE: KATHERINE SCHWARZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi…

16. SOCIAL SECURITY NO.

17. INFORMANT: ANN SCHWARZ Address: 3326a WISCONSIN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Pneumonia hypostatic — 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Leukoerythroblastic anemia — 3 wks

DUE TO (c): 292.3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION. COUNTY STATE

21. I attended the deceased from 8-15-58 to 7-1-63 and last saw him alive on 7-1-63

Death occurred at 130 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. Hachmeyer (Degree or title): MD

22b. ADDRESS: 4065 S. Grand

22c. DATE SIGNED: 7-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JULY 5, 1963

23c. NAME OF CEMETERY OR CREMATORY: ST. PETER + PAUL CEM.

23d. LOCATION (City, town, or county): ST. LOUIS (State): MO.

24. FUNERAL DIRECTOR: Thomas Kutis ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: JUL 3 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ________________, Student Embalmer No. ______

working under my personal supervision.

Student ________________
Signature of Student Embalmer

Signed T. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Chavez

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr Hackmeyer FZ 3-4434
4065 S. Grand or JE 3-5858
1²⁰-4/PM Tues